

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Armand Florez

COURT CASE NUMBER

C-07-5763-TEH (PR)

DEFENDANT

Arnold Schwarzenegger, et al.

NORTHERN DISTRICT  
OF CALIFORNIA

TYPE OF PROCESS

Summons, Complaint & Order

SERVE  
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Avalos, Correctional Officer, California Department of Corrections & Rehabilitation, Salinas Valley State Prison  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

31625 Hwy 101, P.O. Box 1050, Soledad, California 93960

MAY 27 2008

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Armand Florez  
P. O. Box 2022  
North Hills, California 91393-2022

Number of process  
served with this Form

Number of parties to be  
served in this case

38

Check for service  
on U.S.A.

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

(415) 522-2067

DATE

4/30/08

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total  
number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process

1

District of  
Origin

No. 11

District to  
Serve

No. 11

Signature of Authorized USMS Deputy or Clerk

*[Signature]*

Date

5/10/08

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

\$8.00

Total Mileage Charges  
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

*[Signature]*

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)

\$0.00

REMARKS:

5/16/08 - Summons mailed w/ 277 Form  
5/22/08 - Summons was Ret'd from Salinas Valley State Prison. More than one  
individual with same title and last name - Need more info

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED